08973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Kelley) (Last) Briscoe

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 27 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William H. Kelley

14. MOTHER'S MAIDEN NAME: Harriett Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 20 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — ?

420.1 50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma rt. breast — 1 year

170X

19a. DATE OF OPERATION: 9-10-51

19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma rt breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6, 1951, to 9-24, 1951, that I last saw the deceased alive on 9-24, 1951, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick — (Degree or title) M.D. — ADDRESS Chestertown, Md. — DATE SIGNED 9-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept 27 1951 — NAME OF CEMETERY OR CREMATORY Still Pond md — LOCATION (City, town, or county) (State) Still Pond md

DATE REC'D BY LOCAL REG. Sept. 26-1951 — REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR — ADDRESS B R Fellows Still Pond md

RECEIVED
SEP 28 1951
BUREAU V. S.

1951
76
1875

08974

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Kent.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): SADIE F. CANNON
4. DATE OF DEATH (Month) (Day) (Year): Sept. 11 1951
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov 24/1893
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: Usa
13. FATHER'S NAME: John Learins
14. MOTHER'S MAIDEN NAME: Lillie B Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: John Cannon Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterial Sclerosis

61 (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: W
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: W
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE: C A Metcalfe (Degree or title): MD — ADDRESS: Smithsville Md — DATE SIGNED: 9/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: Sept. 15 1951 — NAME OF CEMETERY OR CREMATORY: Wesley Cem. — LOCATION (City, town, or county) (State): Burrisville Md.

DATE REC'D BY LOCAL REG.: Sept. 14, 1951 — REGISTRAR'S SIGNATURE: Edward Fellows — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md.

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

260X

RECEIVED
SEP 20 1951
BUREAU V. S.

08975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville LENGTH OF STAY (in this place) Life - 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davis Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Same) COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville, Md.
STREET ADDRESS (If rural, give location) Davis Hill

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) EDWARD (Last) JOHNSON
4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Sept. 3, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Elizabeth Wilmer (married name)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Elsie Johnson, Kennedyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sudden in sleep

334+ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stroke (?)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (Did Not Attend Deceased), 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE Robert E. Ensor, MD. (Degree or title) ADDRESS Chestertown, Md. DATE SIGNED 9/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Oct. 4, 1951 NAME OF CEMETERY OR CREMATORY Davis Hill Cem. LOCATION (City, town, or county) Rural Kennedyville (State) Md.

DATE REC'D BY LOCAL REG. Oct. 4, 1951 REGISTRAR'S SIGNATURE Elizabeth J. Merlford
24. FUNERAL DIRECTOR Edward Fellows Millington ADDRESS Md.

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
OCT 8 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eureka-Worton — LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Worton R. D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Worton
STREET ADDRESS (If rural, give location) Worton Pt.

3. NAME OF DECEASED (Type or Print): (First) Garrison (Middle) Perry (Last) Phillips
4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1951

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 10 1889
9. AGE last birthday 62 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Worton Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Noah Phillips
14. MOTHER'S MAIDEN NAME Clara Bamll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pansy Phillips - Worton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac asystole — in minutes

447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac irregularity (Probable auricular fibrillation) — 1 year

95a (c) Arterial hypertension — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1951 to 9-23, 1951, that I last saw the deceased alive on 9-23, 1951, and that death occurred at 2:45 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Hurst W. Farr M-D. Chestertown, Md. 9-23-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 26, 1951
NAME OF CEMETERY OR CREMATORY Worton Point Cemetery
LOCATION (City, town, or county) (State) Worton Pt. Kent Co. Md.

DATE REC'D BY LOCAL REG. Sept. 24-1951
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR ADDRESS Marvin V. Williams Chestertown Md.

820105

RECEIVED
SEP 20 1951
BUREAU V. S.

08977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queens

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anns
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Chestertown
STREET ADDRESS (If rural, give location) R-T ✓

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) D. (Last) Shimer

4. DATE OF DEATH (Month) (Day) (Year) September 13 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-16-82
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Roofing Material
11. BIRTHPLACE (State or foreign country) Lehigh - Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allan S. Shimer
14. MOTHER'S MAIDEN NAME Druken Millee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-6365
17. INFORMANT AND ADDRESS Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	6 hrs.
260x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic-diabetic gangrene	6 mos
61	(c) left leg	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-12-51
19b. MAJOR FINDINGS OF OPERATION Arteriosclerotic-diabetic gangrene left leg
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1951, to 9-13, 1951, that I last saw the deceased alive on 9-13, 1951, and that death occurred at 12 50 P m., from the causes and on the date stated above.

SIGNATURE A. Dick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 9-13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 17, 1951
NAME OF CEMETERY OR CREMATORY St. Marks, Cemetery
LOCATION (City, town, or county) (State) Allentown, Penn.

DATE REC'D BY LOCAL REG. Sept. 14-1951
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md. ADDRESS

490 687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

08978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Chestertown
STREET ADDRESS (If rural, give location) Fairlee

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) (Last) Wallace

4. DATE OF DEATH: (Month) (Day) (Year) September 24 1937

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 14, 1890

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Makel

14. MOTHER'S MAIDEN NAME: Jessie Woodling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Generalized carcinomatosis — Interval between onset and death: 1 year

175 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) probably of pelvic origin (ovarian)

490 — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-23-37

19b. MAJOR FINDINGS OF OPERATION: Generalized carcinomatosis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1937, to 9-24, 1937, that I last saw the deceased alive on 9-24, 1937, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE: A.C. Sick — (Degree or title) M.D. — ADDRESS: Chestertown, Md — DATE SIGNED: 9-24-37

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 30, 1937 — NAME OF CEMETERY OR CREMATORY: Fairlee (col) Cem — LOCATION (City, town, or county) (State): Fairlee * Kent Co. Md.

DATE REC'D BY LOCAL REG.: Sept. 25-1951 — REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md

324 P26

RECEIVED
SEP 27 1951
BUREAU V. S.

Items 8,9 FilmG135 9/18/51 ww

08979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Betterton Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Betterton COUNTY Kent md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Maryland
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Kate (Middle) Rebecca (Last) Wilmore
4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1951
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) widowed
8. DATE OF BIRTH 10-11-1882 Unknown
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Colemans Norton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander Brooks
14. MOTHER'S MAIDEN NAME Elizabeth Ringold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Elizabeth Van Dross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	~~[illegible]~~ coronary thrombosis	30 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	arterial hypertension	3 years
94a	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1951, to 9-9, 1951, that I last saw the deceased alive on 9-9, 1951, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE Robert Van (Degree or title) M.D. ADDRESS Chesterton Md DATE SIGNED 9-11-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Sept 12 1951
NAME OF CEMETERY OR CREMATORY Fountain Church Yard
LOCATION (City, town, or county) Norton Rural Maryland (State)
DATE REC'D BY LOCAL REG. 9/12/51
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
SEP 13 1951
BUREAU V. S.